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Superior Court of California,
County of San Diego

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Clerk of the Superior Court
By Ines Quirarte, Deputy Clerk

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SHARP HEALTHCARE and GROSSMONT
HOSPITAL CORPORATION, dba SHARP
GROSSMONT HOSPITAL (erroneously sued as
SHARP GROSSMONT HOSPITAL)

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN DIEGO – CENTRAL DIVISION

15 CARLA JONES, on behalf of herself and all
16 others similarly situated,

Case 37-2017-00001377-CU-NP-CTL
[Judge Ronald L. Styn]

17 Plaintiff,

18

19 SHARP HEALTHCARE, a California
20 Corporation, SHARP GROSSMONT
HOSPITAL, and DOES 1 – 100, inclusive.

**DECLARATION OF HOWARD LABORE
IN SUPPORT OF DEFENDANTS'
OPPOSITION TO PLAINTIFF'S MOTION
FOR CLASS CERTIFICATION**

[Filed concurrently with Opposition; Lewis, Cone, Hamel, O'Brien, M.D., and Chow Declarations]

Date: March 9, 2018
Time: 8:30 a.m.
Dept.: 74

Action Filed: January 12, 2017

1 I, Howard LaBore, declare:

2 1. I am currently employed by Sharp Healthcare as its Security Manager. I have
3 held that position since approximately April 2016. As the Security Manager, my duties include:
4 receiving and reviewing internal complaints; investigating the complaints, which includes
5 interviewing witnesses; and writing reports on my findings. From approximately February 2013
6 to approximately April 2016, I served as a Background Investigator for Sharp HealthCare, and
7 my duties included: conducting internal investigations for Sharp HealthCare relating to matters
8 such as, but not limited to, thefts that occurred within the hospital. Between 2009 and
9 approximately February 2013, I was a Security Officer for Sharp Healthcare, and my duties
10 included: maintaining peace in the hospital emergency room, responding to patient and outside
11 safety threats, and generally enforcing the security policies and procedures of the hospital. Prior
12 to that, I was a detective sergeant for the San Diego Police Department. I make this declaration
13 in support of Defendants Sharp Healthcare and Sharp Grossmont Hospital Corporation dba Sharp
14 Grossmont Hospital's (erroneously sued as Sharp Grossmont Hospital) (collectively, "Sharp")
15 Opposition to Plaintiff Carla Jones' ("Plaintiff") Motion for Class Certification. I have personal
16 knowledge of the facts listed below, except those stated on information and belief and, as to
17 those facts, I believe them to be true. If called as a witness, I could and would testify
18 competently as follows.

19 2. I am informed and believe that in 2012, Sharp noticed that certain amounts of
20 Propofol and other drugs were missing and unaccounted for.

21 3. I am further informed and believe that despite months of investigation, Sharp
22 remained unable to definitively determine the cause of the missing Propofol.

23 4. Sharp then activated cameras in the computer monitors located atop the drug carts
24 in the operating rooms to obtain video evidence of the unlawful removal of drugs.

25 5. The cameras were motion activated, so they began recording when movement was
26 detected. For example, recordings occurred when someone walked passed the operating room
27 door, or when someone entered the operating room in which the camera was located, whether
28 that person was a doctor, nurse, other Sharp personnel, or a patient.

1 6. In February 2013, Sharp deleted videos that were both (1) immaterial to Sharp's
2 investigation of the missing Propofol and (2) taken before February 1, 2013.

3 7. I did not review, nor do I believe any other Sharp personnel reviewed, the deleted
4 videos.

5 8. After the videos had been deleted, I skimmed the remaining videos to merely
6 determine whether they contained any images of a patient. While skimming the videos, I noticed
7 that some videos show the patient entering the room, being prepped for surgery, undergoing
8 surgery (albeit covered by a surgical tent), receiving post-surgery treatment, and exiting the
9 room. Other videos just show the patient entering or exiting the room. In some videos, the
10 patient's face is clearly visible. In others, whether because of the angle of the camera, lighting in
11 the room, type of surgical clothing worn, or simply resolution of the video, the patient's face is
12 unrecognizable.

13 9. All told, it took me approximately three, forty-hour weeks to complete my
14 skimming of the videos.

15 10. If I had to now review each video to (1) determine whether the video depicts a
16 patient and (2) if it does, identify the patient who underwent a surgery at that time in that specific
17 operating room, it would take me much longer.

18 11. Within the last year, I was asked to locate the recording of Plaintiff. To do this, I
19 first had to obtain Plaintiff's medical records to determine the date and time of Plaintiff's
20 procedure, as well as the operating room in which the procedure occurred. Then, I had to locate
21 among over 7,000 video clips the video clip that corresponded with the date, time, and location
22 of Plaintiff's surgery. I was able to narrow it down to three possible videos.

23 12. To confirm that Plaintiff was actually the patient depicted in the video, I had to
24 compare a picture of Plaintiff (which, I am informed and believe, she provided) to the woman
25 depicted in the recording.

26 13. This process alone took me nearly thirty minutes.

27 14. I would need to follow the process outlined in paragraphs 11 and 12 for each
28 individual putative class member if asked to determine whether the video that corresponds to the

1 individual putative class member's medical records exists and, if it does, whether it depicts a
2 patient.

3 15. In the event that the recording started when a doctor or other hospital personnel
4 entered the operating room, I would have to continue watching the video until either the
5 recording stopped or a patient entered the room. Based just on a sampling of videos, the time
6 between when the recording starts and when a patient enters the room can vary from
7 immediately to never at all. Further, the videos vary greatly in length, ranging from a few
8 minutes to over two hours, and, at times, the recording does not stop between operations, making
9 identifying patients that much more difficult and time consuming.

16. Unlike with Plaintiff, however, I would have no way of knowing whether the patient in the video (assuming there is one) is the putative class member whose medical record I am cross-referencing because Sharp does not maintain pictures of each patient.

13 I declare under penalty of perjury under the laws of the State of California that the
14 foregoing is true and correct. Executed this 15th day of February, 2018 at San Diego California.

John Ash

Howard LaBore

PROOF OF SERVICE

I am employed in Los Angeles County, California. I am over the age of eighteen years and not a party to the within-entitled action. My business address is 11601 Wilshire Boulevard, Suite 1400, Los Angeles, CA 90025-0509. On February 16, 2018, I served a copy of the within document(s) in a sealed envelope address as follows:

DECLARATION OF HOWARD LABORE IN SUPPORT OF DEFENDANTS' OPPOSITION TO PLAINTIFF'S MOTION FOR CLASS CERTIFICATION

VIA U.S. MAIL. by placing the document(s) listed above in a sealed envelope with postage thereon fully prepaid, in the United States mail at Los Angeles, CA addressed as set forth below. I am readily familiar with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. Postal Service on that same day with postage thereon fully prepaid in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit

VIA ONE LEGAL E-SERVICE. I sent such documents to the individual(s) identified at the e-mail referenced below.

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Attorneys for Plaintiff
CARLA JONES

I declare under penalty of perjury under the laws of the State of California that the above is true and correct. Executed on February 16, 2018, at Los Angeles, California.

Priscilla Markus
Priscilla Markus